

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Eastern Mennonite University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 1200 Park Road, Harrisonburg, VA 22802

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Jack Rutt, Director Information Systems

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Eastern Mennonite University, 1200 Park Road, Harrisonburg, VA 22802

**Telephone Number of Designated Agent:** (540) 432-4478

**Facsimile Number of Designated Agent:** (540) 432-4444

**Email Address of Designated Agent:** ruttj@emu.edu

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 14 NOV 2001

**Typed or Printed Name and Title:** Beryl Brubaker, Academic Provost

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

JAN 30 2002

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